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,		Application Number	09/547,501		AUG 2 7 2001	
TRANSM	ITTAL	Filing Date	April 12, 2000	豆豆	27	ĬΠ
FOR	M	First Named Inventor	Christian	<u>ള</u>	200	<u> </u>
(to be used for all corresponde	ence after initial filing)	Group Art Unit	1617	)/29(	3	<u> </u>
		Examiner Name	S. Jiang	8		
Total Number of Pages in Thi	s Submission 14	Attorney Docket Number	r IMI-002	1		
	ENCLOS	SURES (check all that app	oly)			
Fee Transmittal Form Fee Attached  X Amendment / Response After Final Affidavits/declarat Extension of Time Reque Express Abandonment R  X Information Disclosure St Certified Copy of Priority Document(s) Response to Missing Pal Incomplete Application Response to Miss Parts under 37 CF 1.52 or 1.53	ion(s)  Petition and According Power of Change Address Address Small E Request Remarks	ng-related Papers  Routing Slip (PTO/SB/69) companying Petition  to Convert to a smal Application of Attorney, Revocation of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Additional Enclosure(s) (please identify below):			
	GNATURE OF APPLI	CANT, ATTORNEY, OR	AGENT	1		
	n S. Sundsmo, 34,44 MedPatent.com	46		ı		
Signature	show So	Sundano		l		
Date Augu	ıst 19, 2001					
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## FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

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Filing Date	April 12, 2000						
First Named Inventor	Christian						
Examiner Name	1617	-					
Group Art Unit	S.A. Jiang	ā					
Attorney Docket No.	IMI-002	3					

METHOD OF PAYMENT	FEE CALCULATION (continued)							
1. The Commissioner is hereby authorized to charge indicated fees and credit any overnayments to	3. ADDITIONAL FEES						•	
indicated fees and credit any overpayments to:  Deposit	Large Fee	Entity Fee		II Entit Fee	•	Description	_	<b>5</b> 5 · ·
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Account Name BioMedPatent.com	127	50	227	25	Surcharge - late p cover sheet	provisional fili	ng fee or	
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	139	130	139	130	Non-English spec	ification		
Applicant claims small entity status.	147 2	,520	147	2,520	For filing a reques	st for ex parte	reexamination	
See 37 CFR 1.27	112	92 <b>0°</b>	112	920*	Requesting public Examiner action	cation of SIR	prior to	
2. Payment Enclosed: Check Credit card Money Other	113 1	,840*	113	1,840	* Requesting public Examiner action	cation of SIR	after	
FEE CALCULATION	115	110	215	55	Extension for rep	ly within first	month	55
	116	390	216	195	Extension for repl	ly within seco	nd month	
1. BASIC FILING FEE  Large Entity Small Entity	117	890	217	445	Extension for repl	ly within third	month	
Fee Fee Fee Fee Description	118 1	,390	218	695	Extension for repl	y within fourt	h month	
Code (\$) Code (\$) Fee Paid	128 1	,890	228 9	945	Extension for repl	ly within fifth a	month	
101 710 201 355 Utility filing fee 106 320 206 160 Design filing fee	119	310	219	155	Notice of Appeal			
107 490 207 245 Plant filing fee	120	310	220	155	Filing a brief in su	pport of an a	ppeal	
108 710 208 355 Reissue filing fee	121	270	221	135	Request for oral h	earing		
114 150 214 75 Provisional filing fee	138 1	,510	138 1	,510	Petition to institute	e a public use	proceeding	
	140	110	240	55	Petition to revive -	- unavoidable	•	
SUBTOTAL (1) (\$)	141 1	,240	241	620	Petition to revive -	- unintentiona	nl	
2. EXTRA CLAIM FEES	142 1	,240	242	620	Utility issue fee (o	r reissue)		
Fee from Extra Claims below Fee Paid	143	440	243	220	Design issue fee			
Total Claims20** = X =				300	Plant issue fee			
Independent Claims X = X			122		Petitions to the Co	ommissioner		
Multiple Dependent	123	50	123	50	Petitions related to	o provisional	applications	
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103 18 203 9 Claims in excess of 20	146	710	246	355	Filing a submissio (37 CFR § 1.129(	on after final r	ejection	
102 80 202 40 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim, if not paid	149	710	249	355	For each addition examined (37 CF	al invention t		
109 80 209 40 ** Reissue independent claims	179	710	279	355	Request for Cont			
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SUBTOTAL (2) (\$)					Fee Paid S	SUBTOTAL	(\$) 55.0	00
**or number previously paid, if greater; For Reissues, see above							(3) (4)33.	
SUBMITTED BY		i - i "	Alam E			Complete (if	applicable)	
Name (PrintlType) John S. Sundamo		egistra ttomeyl			34,446	Telephone	760-806-3	385
Signature A A A						Date	July 23, 20	001

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